### ATTENTION DENTAL & ORTHODONTIC PROVIDERS

### CHANGES TO PREPARE FOR IMPLEMENTATION OF PROVIDER ONE

## **New PA Request Form:**

As of **3/1/10** the new PA Request form 13-835 will be required in addition to any other required program forms you currently submit with your requests. Refer to Memo 10-01. http://hrsa.dshs.wa.gov/DentalProviders/Dental.html

### Additional **Dental/Orthodontic** Forms Required:

13-863 Tooth Chart (use when tooth charting is required for requested service)

13-788 Appliance = Nursing Home Client (required for clients in Nursing Home)

13-666 Orthodontic Information (required for all Orthodontic Requests)

Prescriptions and Letters of Medical Justification when required by WAC or Billing Instructions

# NOTE: Any requests received as of 3/1/10 or after that do not include these required forms, will not be processed and will be returned to you.

This form **must** be **TYPED**. If you hand write the form, it will not scan into Provider One and will be returned to you - this will delay processing of your request.

When using the PA Request form - **prior** to Provider One implementation please note:

- Client ID = You will need to enter the Client PIC until Provider One goes live –
  please refer to the following links for more information about Provider One and
  the change to Client ID. The Provider One fact sheet:
  http://hrsa.dshs.wa.gov/providerone/Providers/Fact%20Sheets/P1PR010\_Client\_I
  dentifier.pdf
  - a. The link includes information about the crosswalk, how to use it and where to find it. The direct link to the crosswalk is: https://fortress.wa.gov/dshs/npicaphrsa

# 2. **NPI** # =

- a. **Requesting NPI**# is for the provider requesting the service
  - i. If you have a separate performing and billing provider NPI# you will place the performing NPI# in Box #7.
  - ii. If you have one NPI# you will place it in both Box #7 & Box #9.
- b. **Servicing NPI**# is for the provider billing for the service
  - i. If you have a separate performing and billing provider NPI# you will place your billing provider # in Box #9.
  - ii. If you have one NPI#, you will place it again in Box #9.
- c. If you indicate your **NPI**# in box #7 & #9, you **will need** to indicate your current DSHS performing & billing provider # in box 30 **or** you may put your DSHS billing provider # in box #7 & #9 until Provider One is implemented.